

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., DIRECTOR

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GUY P. JONES
EDITOR

FIVE YEARS OF SAN JOAQUIN HEALTH.

Dr. J. J. Sippy, health officer of the San Joaquin Local Health District, which embraces all of San Joaquin County including the incorporated cities within its confines, has just issued a review of its accomplishments for the period 1923-1928. Since its organization in 1923 this health department has developed into one of the most outstanding in the United States. Health officials from all parts of the country have come to Stockton to see it in operation. Its creditable record is of such importance that portions of the report are reprinted here:

It is frequently remarked that modern public health method is only a fad, that our forefathers lived longer and were healthier than nowadays, and that the present day costs of health are prohibitive. That this is not true, that illness and deaths have been actually reduced, that San Joaquin County people are living longer, and that there has resulted a huge saving in costs of preventable sickness at no greater public expenditure and with a vast increase in efficiency and economy of operation, is shown in the following statement:

HISTORICAL AND FINANCIAL

In 1920, each of the cities of Stockton, Lodi, Tracy and Manteca maintained municipal health departments which

operated in their respective corporate limits. The county of San Joaquin maintained a county health department operating in the unincorporated rural area. Each was headed by a part-time health officer, i.e., a busy physician whose major time was given to private practice and his spare time to his public health duties. In addition, several boards of education employed school nurses, as did also the county chapter of the American Red Cross and the local Tuberculosis Association. A total of 16 persons were employed full time and six part time in these various groups.

It is difficult to secure definite data on the expenditures of these groups, but as nearly as can be ascertained they aggregated in that year \$70,897 or 88.7 cents per capita. Under the same system, the expenditures in 1921 were \$45,317 or 54.7 cents per capita and in 1922, \$65,855 or 76.5 cents per capita.

Despite the number of persons employed and money expended, the county in 1921 experienced a disastrous outbreak of diphtheria, resulting in 645 cases and 43 deaths. This was concurrent with unusually high smallpox and typhoid fever rates, and the community was chagrined, and even humiliated by being forced to appeal to the State Board of Health for aid in suppressing these outbreaks.

Recognizing that this situation could not be blamed upon the lack of personal efficiency of local health workers, but largely due to lack of system which resulted in incoordination and waste of effort and funds, the San Joaquin County Board of Supervisors, supported by all the representative business groups of the county, sought some method of consolidation or centralization which would eliminate this waste. The Local Health District Act (Statutes of 1917, page 791) provided a plan which was deemed practicable and the district was formed in accordance therewith and began its operation on March 1, 1923.

Owing to its newness, its functioning was not at first clearly understood, and like all pioneers it has had to withstand its share of criticism from multiple sources. However, after five years it is believed that it holds a place in public regard equal to any other department of work in the county and it has demonstrated its apparent soundness by certain significant features.

1. It provides for a governing board of trustees who are concerned with the operation of only one department, and not, as are city councils and boards of supervisors, with a multiplicity of departments. On this board, each incorporated city has a duly appointed representative answering to the governing body which appoints him, namely, the city council. The rural area is also represented by an appointee of the county board of supervisors and answerable to that body. Stockton is represented by W. B. Hogan, city engineer; Lodi by Dr. J. E. Nelson, physician; Tracy by Mrs. Gladys B. Frost, social worker, club woman and public health nurse; Manteca by Dr. L. E. Tretheway, physician; while the rural area is represented by C. C. Woodworth, farmer. It is generally agreed that this is a highly representative and able group, capable of keeping the department free from petty partisanship and politics. All have been personally successful, a demonstration of their business ability.

2. It has provided a centralized group of workers in an organization which eliminates duplication and gives to every portion of the county, both urban and rural, equal public health protection, the farmer receiving the same service as the city man, which is not usually the case. This group is headed by a full time, experienced health officer, who can be held directly responsible for inefficiency.

3. It has relieved our cities of the bur-

den of separate health departments and for sanitary supervision, and food and milk dealers of the expense and nuisance of inspection fees which each city formerly charged.

4. Since the district furnishes physicians, dentists, and public health nurses for school supervision, our boards of education in city and country schools are not now obliged to employ health workers for control of communicable disease, and promotion of physical and dental hygiene. Our county and city superintendents of schools have attributed health department cooperation and assistance a huge factor in an increase of average daily attendance with its increased sharing of state school funds.

5. Despite the employment of 32 persons (as opposed to 22 in 1920) the costs of work have not proportionately increased, nor have they kept pace with the population and assessed valuations. For the year 1923-24 the expenditure was \$69,117 or 73.5 cents per capita; for 1924-25, \$87,855 or 91.1 cents per capita; for 1925-26, \$90,408.89 or 90.3 cents per capita; and in 1926-27, \$91,816 or 89.3 cents per capita. Present fiscal expenditures (1927-28) are budgeted at \$93,500 or 88.3 cents per capita, which is a lower per capita cost than in 1920 under the disorganized part-time system.

The tax levy for this support was 10 cents on each \$100 of valuation for the first three years, and reduced to 9 cents the last two years. There has been accumulated a substantial contingent fund in the amount of \$31,816.93 for the year ending June 30, 1927, to bridge the gap between July 1st and December 1st of each year, thus avoiding the payment of interest and discounts on warrants for current expenses during that five months' period. In addition, the last inventory shows a property accumulation, less depreciation, of \$21,445.

6. Transportation expense, on 18 district owned Ford coupes, for the four-year period ending June 30, 1927, amounted to 3.49 cents per mile for operation (which includes insurance, garage rentals, gas and oil, repairs and tires) and 1.58 cents per mile depreciation, a total of 5.07 cents. This according to Ford dealers constitutes a new low record for fleet operation.

7. The method of bookkeeping permits of segregation of costs for any division or piece of work and since the beginning, all expenditures have been budgeted as is now demanded by the Boggs county budget act passed by the last legislative

assembly. All purchases are made through the county purchasing agent, who has been good enough to act in the same capacity for the district.

8. All in all, the district affairs are conducted in the same manner as any private business. In fact, the opinion is hazarded that few private and corporate businesses are conducted any more economically or efficiently.

RESULTS

The test of efficiency of public health work is reduction in death and sickness rates. As an index of this accomplishment, the following principal rates for the years 1922 (the year before the district was organized) and 1927 (after five years of operation) are shown in contrast:

	1922	1927
Crude death rate (per 1000 pop.)-----	14.4	12.17
Infant death rate (per 1000 living births)---	73.7	61.7
Maternal death rate (per 1000 living births)---	20.6	6.7
Diarrhea and enteritis death rate (in infants under 2 years, per 100,000 pop.)-----	33.3	10.7
Typhoid death rate (per 100,000 pop.)-----	16.2	2.9
Diphtheria death rate (per 100,000 pop.)-----	19.5	2.9
Tuberculosis death rate (per 100,000 pop.)---	191.5	139.8

Etna Has A Health Officer.

Dr. E. W. Bathurst has been appointed city health officer of Etna in Siskiyou County.

Experience indicates that the best foundation for rural health service in the United States is the county health department under the direction of the qualified whole-time county health officer. It becomes more and more evident to those with practical experience in the public health field that agencies concerned with the promotion of specialized health activities * * * can perform most effectively and economically by dovetailing their specific activities in with and making them a part of a well-balanced comprehensive program of local official health service under the immediate direction of qualified whole-time local health officers. * * * Money invested for well-directed whole-time county health service yields to the average local taxpaying citizen an annual dividend in dollars and cents ranging under different local conditions from 100 to 3,000 per cent.—Dr. L. L. Lumsden, U. S. P. H. S.

* Stockton State Hospital population and deaths excluded.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAQUE
COCCIDOIDAL GRANULOMA	PNEUMONIA (Lobar)
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES (Animal)
DYSENTERY (Amoebic)	RABIES (Human)
DYSENTERY (Bacillary)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPelas	SMALLPOX
FLUKES	SYPHILIS*
FOOD POISONING	TETANUS
GERMAN MEASLES	TRACHOMA
GLANDERS	TUBERCULOSIS
GONOCOCCUS INFECTION*	TULAREMIA
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPING COUGH
LEPROSY	YELLOW FEVER
MALARIA	
MALTA FEVER	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAQUE	YELLOW FEVER

* Reported by office number. Name and address not required.

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Play is a sacred thing, a divine ordinance for developing in the child a harmonious and healthy organism, and preparing that organism for the commencement of the work of life.
—J. G. Holland.

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Berkeley showed in 1926 the lowest infant mortality rate of any city of its size in the birth-registration area of the United States—37 per 1000 live births. The Institute of Child Welfare of the University of California, located at Berkeley, is now gathering information concerning the conditions surrounding the birth of children in that city, the prenatal care of the mothers, and the postnatal care of the children.

MORBIDITY *

Diphtheria.

56 cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 8, Piedmont 1, Contra Costa County 2, Eureka 2, Imperial County 1, Los Angeles County 5, Beverly Hills 2, La Verne 1, Long Beach 1, Los Angeles 16, Montebello 1, Pasadena 1, Whittier 1, Lynwood 1, San Benito County 1, San Bernardino County 2, San Diego 1, San Francisco 4, San Joaquin County 1, Gilroy 1, San Jose 1.

Measles.

11 cases of measles have been reported, as follows: Oakland 2, Alhambra 1, Azusa 1, Compton 1, Los Angles 2, Santa Monica 1, San Diego 1, San Francisco 2.

Scarlet Fever.

37 cases of scarlet fever have been reported, as follows: Berkeley 1, Oakland 4, Piedmont 2,

* From reports received on August 13th and 14th for week ending August 11th.

Butte County 1, El Dorado County 1, Fresno 1, Los Angeles County 1, Glendale 1, Los Angeles 6, South Gate 1, Maywood 1, Monterey County 1, Orange 1, Sacramento County 1, Sacramento 2, San Bernardino County 1, San Diego 2, San Francisco 5, San Joaquin County 2, San Jose 1, Tulare County 1.

Smallpox.

13 cases of smallpox have been reported, as follows: Oakland 4, Imperial County 3, Monterey 1, Salinas 1, Sacramento 1, Watsonville 3.

Typhoid Fever.

22 cases of typhoid fever have been reported, as follows: Alameda County 1, Oakland 3, Calaveras County 1, Kern County 1, Los Angeles 2, Merced County 1, Sacramento County 1, San Diego 2, San Joaquin County 1, Stockton 1, Sutter County 6, California 2.

Whooping Cough.

137 cases of whooping cough have been reported, as follows: Berkeley 6, Oakland 10, Bakersfield 1, Los Angeles County 9, Alhambra 3, Arcadia 4, Covina 2, Los Angeles 50, Monrovia 2, Pasadena 7, Pomona 1, Santa Monica

1, Willits 1, Anaheim 1, Riverside 1, Sacramento County 2, Sacramento 5, San Bernardino County 2, San Diego County 3, Chula Vista 2, San Diego 6, San Francisco 13, Stockton 1, Palo Alto 1, San Jose 3.

Meningitis (Epidemic).

2 cases of epidemic meningitis have been reported, as follows: Los Angeles 1, San Francisco 1.

Leprosy.

San Diego County reported one case of leprosy.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Berkeley 1, Los Angeles County 1, El Monte 1, Long Beach 1.

Encephalitis (Epidemic).

Berkeley reported one case of epidemic encephalitis.

Food Poisoning.

5 cases of food poisoning have been reported, as follows: Glendale 2, Los Angeles 3.

COMMUNICABLE DISEASE REPORTS

Disease	1928			Reports for week ending Aug. 11 received by Aug. 14	1927			Reports for week ending Aug. 13 received by Aug. 16		
	Week ending				Week ending					
	July 21	July 28	Aug. 4		July 23	July 30	Aug. 6			
Anthrax-----	0	0	0	0	0	0	0	0		
Botulism-----	0	0	0	0	0	0	0	0		
Chickenpox-----	92	62	48	33	75	88	62	29		
Diphtheria-----	52	51	55	56	57	80	74	65		
Dysentery (Bacillary)-----	2	0	1	1	1	130	0	0		
Encephalitis (Epidemic)-----	1	0	0	1	1	1	1	2		
Food Poisoning-----	1	0	2	5	75	3	0	0		
German Measles-----	25	22	16	17	14	10	8	5		
Gonococcus Infection-----	134	194	93	112	83	85	150	88		
Influenza-----	6	12	10	4	6	3	5	4		
Jaundice (Epidemic)-----	0	0	0	0	0	0	0	0		
Leprosy-----	0	0	0	1	2	2	0	0		
Malaria-----	1	0	3	1	2	5	0	3		
Measles-----	24	20	20	11	124	106	60	50		
Meningitis (Epidemic)-----	3	6	4	2	3	7	5	2		
Mumps-----	60	41	68	59	47	29	39	22		
Paratyphoid Fever-----	6	3	1	1	0	1	1	1		
Pneumonia (Lobar)-----	23	25	27	29	32	102	30	19		
Poliomyelitis-----	1	7	8	4	66	71	60	63		
Rabies (Animal)-----	6	7	7	18	1	6	1	3		
Rocky Mt. Spotted Fever-----	0	0	0	0	0	1	0	1		
Scarlet Fever-----	71	63	62	37	71	59	68	38		
Smallpox-----	24	17	10	13	6	7	7	7		
Syphilis-----	125	251	146	183	87	84	178	102		
Tetanus-----	5	3	3	3	2	3	0	0		
Trachoma-----	2	0	1	0	1	0	0	0		
Trichinosis-----	0	0	0	0	0	0	0	0		
Tuberculosis-----	227	237	209	130	188	228	201	165		
Typhoid Fever-----	11	15	18	22	16	26	16	20		
Typhus Fever-----	0	0	0	0	0	0	0	0		
Whooping Cough-----	230	206	175	137	143	140	134	160		
Totals-----	1,132	1,242	987	880	1,103	1,277	1,100	849		

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